

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case
19-CA-296148Date Filed
5/19/2022**INSTRUCTIONS:**

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer St. Charles Medical Center		b. Tel. No. (541) 382-4321
		c. Cell No.
		f. Fax. No.
d. Address (Street, city, state, and ZIP code) 2500 NE Neff Rd OR Bend 97701	e. Employer Representative (b) (6), (b) (7)(C)	g. e-mail (b) (6), (b) (7)(C)@stcharleshealthcare.org
		h. Number of workers employed 5000
i. Type of Establishment (factory, mine, wholesaler, etc.) Healthcare	j. Identify principal product or service Acute Care Hospital Services	

The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 5 of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

--See additional page--

3. Full name of party filing charge (if labor organization, give full name, including local name and number)
Seth Mooney Internal Organizer
Oregon Federation of Nurses and Health Professionals, AFT Local 5017

4a. Address (Street and number, city, state, and ZIP code) 11560 SW 67th Ave OR Tigard 97223	4b. Tel. No. (503) 780-0168
	4c. Cell No. (503) 780-0168
	4d. Fax No.
	4e. e-mail smooney@ofnhp.org

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)
American Federation of Teachers

6. DECLARATION

I declare that I have read the above charge and that the statements
are true to the best of my knowledge and belief.

(signature of representative or person making charge)

Seth Mooney
Internal Organizer

(Print/type name and title or office, if any)

11560 SW 67th Ave

Address Tigard OR 97223

Date 05/19/2022 06:28:49 PM

Tel. No.
(503) 780-0168Office, if any, Cell No.
(503) 780-0168

Fax No.

e-mail
smooney@ofnhp.org**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Basis of the Charge

8(a)(5)

Within the previous six months, the Employer failed and refused to bargain in good faith with the union as the collective bargaining representative of its employees.

8(a)(5)

Within the previous six months, the Employer failed and refused to bargain in good faith with the union as the collective bargaining representative of its employees by making unilateral changes in terms and conditions of employment.

List Changes	Approximate date of change
Changes to Schedules and Hours	05/01/2022



UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

SUBREGION 36
Green-Wyatt Federal Building
1220 SW 3rd Avenue, Suite 605
Portland, OR 97204-2170

Agency Website: www.nlrb.gov
Telephone: (503)326-3085
Fax: (503)326-5387

July 10, 2023

Paula L. Lehmann, Attorney
Davis Wright Tremaine, LLP
929 108th Avenue NE, Suite 1500
Bellevue, WA 98004-4786

Re: St. Charles Health System, Inc., d/b/a St.
Charles Medical Center
Case 19-CA-296148

Dear Ms. Lehmann:

This is to advise you that I have approved the withdrawal of the charge in the above matter.

Very truly yours,

RONALD K. HOOKS
Regional Director

By:

A handwritten signature in black ink, appearing to read "Jessica Dietz", is enclosed within a rectangular box.

JESSICA DIETZ
Officer in Charge

cc:

(b) (6), (b) (7)(C)

St. Charles Health System, Inc. d/b/a
St. Charles Medical Center
2500 NE Neff Road
Bend, OR 97701-6098

Seth Mooney, Internal Organizer
Oregon Federation of Nurses and Health
Professionals (OFNHP), AFT Local 5017, AFL-CIO
11560 SW 67th Avenue
Tigard, OR 97223